

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 03/25/03.

I. DISPUTE

Whether reimbursement is recommended for the CPT codes and dates of service listed below. Carrier denied services as "G-Conductive paste or gel disallowed; included in visit/procedure rendered on this day. G-Office/Outpatient visit, disallowed included in visit/procedure rendered on this day. F-Fee Guideline MAR reduction. Work hardening; ea addl work hardening CARF accredited program".

II. RATIONALE

MFG, MGR (II)(E), CPT descriptor. The provider is CARF accredited. The provider has followed the MFG MGR Rule referenced, and relevant information indicates that the services were delivered for date of service 11/21/02. Therefore, reimbursement is recommended for CPT code 97545-WH in the amount of **\$48.00**. (\$128.00 - \$80.00 already paid = \$48.00)

Date of service 11/08/02, requestor billed CPT code 99213 in the amount of \$48.00, the carrier made no reimbursement. CPT code listed is not global to any other procedure on this date of service. Relevant information supports the delivery of services per the MFG. Therefore, reimbursement is recommended in the amount of **\$48.00**.

CPT code A4558 requestor billed \$18.00 for date of service 11/08/02 and the carrier made no reimbursement. CPT code listed is not global to any primary procedure on this date of service. Relevant information supports the delivery of services per the MFG. Therefore, reimbursement is recommended in the amount of **\$18.00**.

III. FINDINGS & DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 97545-WH, 99213 and A4558. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$114.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 30th day of March 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb